Childhood Obesity: Causes and Surgery Top List of American Academy of Pediatrics New Guidelines

The American Academy of Pediatrics' new clinical guidelines for treating childhood obesity recommend surgery for drugs and surgery, prioritizing some to-do with the underlying causes. Research-to-profit—generating investments rather than addressing the problem—is the issue.

By The Defender Staff

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The American Academy of Pediatrics (AAP) has developed new clinical guidelines for treating childhood obesity, recommending pharmaceutical weight-loss drugs and surgery as obvious solutions.

The guidelines, unveiled for the first time in 15 years, highlight the "complex genetic, physiologic, socioeconomic, and environmental contributors" to obesity but fail to address the underlying causes of the epidemic, instead focusing on the use of pharmaceuticals and surgery as the primary treatments.

While we applaud the AAP for addressing the grave issue of childhood obesity, these recommendations are misguided and neglect the root causes," Dr. Michelle Perro told The Defender.

For many years, the AAP unscientifically promoted the "diet and exercise" mantra while obesity rates continued to soar. Perro said:

Perro, a pediatrician, coauthor of AAP's 2007 book and author of "What's Making Our Children Sick?" and Industrial Food is Causing an Epidemic of Chronic Illness, and What Parents and Doctors Can Do About It, said:

"What has not been addressed are the advocates in American children's diets that are making them sick. Ultrafood, ultraprocessed, fast food, and junk food are making kids sick and profitable and plastic. The cause of the metabolic disorder of obesity is there. It is an environmental disease.

"Unless we remove the pesticides and other toxicants, the processed foods, drugs and surgery are panaceas, bandaids, and fodder the profit for off-label, drug-and-surgery pharmaceuticals."

Mary Lea Singleton, modwife and family nurse practitioner, told The Defender: "The AAP's recommendations for childhood obesity treatment are shameful and a driving the childhood obesity epidemic."

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Singleton added:

"I found no mention of the massive changes in the U.S. food supply that correlate with the skyrocketing rates of obesity among children and adults after ...

"The document fails to address the school lunch program, which is responsible for feeding millions of children daily, many of whom receive two weekly. Most schoolchildren in the U.S. are fed plastic-wrapped, chemical-processed, pesticide-laden food made in factories months or years before it's consumed. Many of the additives in these foods have endocrine-disrupting properties.

The new AAP guidelines recommend against a "restrictive eating" approach that may delay treatment, instead directing pediatricians to prescribe drugs — the most clinically early — referring children ages 6 years and older and potentially younger children ages 4 and 5 with severe obesity to surgeons for weight-loss surgery.

The guidelines also recommend that obese children 12 and older be offered weight-loss medications alongside health behavior and dietary interventions and that doctors refer severely obese children 13 and older to surgeons to evaluate whether they are good candidates for metabolic and bariatric surgery.

They also state that pediatricians may consider weight-loss medications for children as young as 8 or 7 years old.

Overweight and obese children and adolescents should also be evaluated for related comorbidities, the guidelines state.

Devastating side effects for kids, big profits for Pharma

The guidelines say the consensus recommendations on the use of pharmacotherapy for children aged 6 and up, and provide a list of potential medications.

As of March 2021, the only U.S. food and Drug Administration-approved pharmacotherapies for obesity were a broad and inaccurate or off-label use and prescriptions to teens 16 and older, according to an AAP report.

GlaxoSmithKline's orlistat, which Arkadis Yet alexandrian, has shown "modest effects" for weight loss, but is also associated with severe gastrointestinal side effects, the report says.

Qsymia — a combination of two drugs, phentermine and topiramate — received approval for chronic weight therapy and may increase heart rate, nervous and structural and cause irritability and insomnia in teens, the report says. Its effect on children is not available.

The AAP guidelines also recommend metformin, a diabetes drug approved for children ages 10 and up, which hasn't been approved as a weight-loss drug, though it has been used off-label for that purpose in children.

Studies of metformin's effect on weight loss in children have shown mixed results, the AAP report says. Metformin can cause diarrhea, nausea and vomiting and studies on Big Pharma can make metformin experience them.

According to Gene Pharma, analyst at Morgan Stanley Research told clients, "Drugmakers like Eli Lilly and Novo Nordisk are poised to enter a multi-billion dollar obesity market that could be worth more than $50 billion by the end of the decade."

Wegovy is flagged but for treatment.

It is not just high-drug prices that make obesity a hot market. Since obesity is also affected Mortality Identified as a Chronic Disease, it has become the "new target" for insurance-financed cancer or stocks. The drugs also have been linked to intestinal pancreatitis and even pancreatic cancer in studies.

Therefore we expect excess weight and fat loss to become treatment targets for obesity and for treatment guidelines to adopt obesity as a primary target ahead of other associated diseases," wrote Morgan Stanley analysts, who attributed the increased focus to the pandemic, according to CNBC.

Surgical treatments for kids, 'safe and effective'?

Commenting on the AAP surgical recommendations, Singleton told The Defender: "I was shocked to see the AAP tacit weight-loss surgery is safe and effective for children.

"While children are likely to experience various surgical complications that adults, the mortality rate for children undergoing surgery is 0.1% to 0.5%. Most parents would not consider this an insignificant risk," he said.

According to a major study of pediatric weight loss surgery, the Teen-LABS study, 1% of the children experienced serious complications — including gallstones, hernias and bowel obstructions — within three years of surgery.

The two approved methods of weight loss surgery are sleeve gastrectomy and gastric bypass — what removing or rerouting a healthy, functioning digestive system.

Treating obesity in a patient who has already lost the function of most of their stomach may be the last know-how in the profitable field of weight-loss medicine."

Obesity is U.S. children's #1 concerning virus

Obesity is one of the most common pediatric chronic diseases in the U.S., affecting 1 in 5 children and adolescents, according to the Centers for Disease Control and Prevention.

Childhood obesity rates are even higher among poorer children.

Obese children are at greater risk of developing related functional, metabolic and psychosocial complications, including premature weight loss and stigma and having greater healthcare costs.

Childhood obesity also is strongly correlated with the risk of adult obesity and poor health, with associated social and economic consequences.

The proportion of U.S. children who are overweight or obese surged to unprecedented levels during the pandemic, according to CDC data.

The BMI rate roughly doubled during the pandemic, with the greatest increases seen in children ages 6-11. The proportion of children with a BMI in the 95th percentile rising by 0.51% a month before the pandemic but by 0.9% a month — five times faster — during the pandemic, the report says.

Public health experts blame pandemic school closings, recommendations to limit physical activities and increased food insecurity for these increases, caused by COVID-19 mitigation measures as reasons for the rise.

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Caroline Cary Davidson

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JD Dowd BCGuardian

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Leslie Taylor

3 days ago edited

MSNBC and other TV news programs report of 1 in 5 children are diagnosed as cronically obese and recommend that parents follow the advice of the American Academy of Pediatrics (AAP) of having their children's stomachs cut up to reduce stomach size and prescription drugs to lessen children's appetites.

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Depswa ➚ Leslie Taylor

3 days ago

Also think of the foods most consume - It is not food, at all! GMO, says a larger portion of why Ami's are fat. Fluoride is also responsible; It has the potential to cause thyroid issues. Among other health impairments. Such as the burning out of one's third eye!

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Dr. Dan

3 days ago

Speaking of pharmaceuticals for obesity, can we all remember the list of warnings of potential side effects when this medication first came out? "Oily rectal discharge" was the first. Could you honestly tell your obese teenage patients that they should be careful to avoid farting?!

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